STATE OF MARYLAND—CERTIFICATE OF DEA	STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
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15	1	63	4	9
U	U	0	1	3

1. PLACE OF DEATH		11-01)	~ =
County of De		Registration Dist. No. 4	3
Village or City Chesler		No. St., f death occurred in a hospital or institution, give its NAME instead of street a	Ward
Length of residence in city or town where	leath occurredyrsmos	ds. How long in U.S. if of foreign blrth?yrs	_mosds.
2. FULL NAME KIELT	X. Bird		
(a) Residence: No. Chesto	~	St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH	1
male While	OR DIVORCED (write the word)	(Month) (Dey)	, 193.5 . (Year)
a. If married, widowed, or divorced . HUSBANO of (or) WIFE of	ela Bird	22. I HEREBY CERTIFY, That I atten	ded deceased from
S. DATE OF BIRTH (month, day, and year)	864 aug 121.	I last saw h. Man alive on Que 013 196	35; death is said
. AGE Years Months	Days LESS than	to have occurred on the date stated bove, at 11.30 am.	
7/ 5-	/2 B'day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate ol enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Gerchant	Jufluensa	Jan 3
SAW MILL, BANK, etc.		10000	1935
SAW MILL, BANK, etc	11. Total time (years)	looner mounous	- Jan 9
this occupation (month and year)	11. Total time (years) spent in this occupetion	(bousho) both sides	14.3.
2. BIRTHPLACE (city or town)	land	Other Contributory Causes of importance:	****
13. NAME Thomas 9.	Bird,		
13. NAME Thomas 9.1 14. BIRTHPLACE (city or town) West (State or country)	Giver	Name of operation Use Oate	
	mamahan	What test confirmed diagnosis? Was there 23, If death was due to external causes (VIOLENCE) fill in also the follo	an aulopsy?
15. MAIDEN NAME Mana & 16. BIRTHPLACE (city or town) Jaly	ot les	Accident, suicide, or homicide? Oate of Injury	
(State or country)	1	Where did injury occur?	
(7. INFORMANT Wife Lula (Address) & hester	Bird	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Illy Surfel	Oate XIV 14 , 19 3 5	Nature of injury	
19. UNOERTAKER 7. C. Mon (Address) Hori	ids isville mid	24. Was disease or injury in eny way related to occupation of deceased if so, specify	no
20. FILE Jan 12", 1935 Fran	Me Thomas	(Signed) (Address) Shows will	kels m.o

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 00814
1. PLACE OF DEATH	
County Queen Cline	Registration Dist. No. 25-/
Village or City Price	No. St., Ward
1/0	f death occurred in a hospital or institution, give its NAME instead of street and number)
religit of residence in city of fown where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Martha Co. Cohal	
(a) Residence: No. (Usuapolace of abode)	Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	Of DATE OF DEATH
House lo. 11 Sito OR DIVORCED (write the word)	Jane 6-
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF John J. Cochcell	22. I HEREBY CERTIFY, That I attended deceased from
0. 2. 0	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) LULE 30 - 1851	I last saw h; death is said
02 10 1 lday,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 0 0 ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Hauseoufe SAWYER, BODKKEEPER, etc	Chronic Interstetial heplinition
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	-
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Luceur Cure Co	
(State or country)	
13. NAME Samuel Severy Common Duace Common Common Common Duace Common Co	
14. BIRTHPLACE (city or town) June 14.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Reyness 16. BIRTHPLACE (city or town). Durene dense Co	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Grade of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr J C. Mulliture	Specily whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, DR BEMOVAL	Manner of injury
Place Church Thick Date Jaw 9 1935	Nature of injury
But Boo	
19. UNDERTAKER CALLOR ALCON (Address) Pur Angele Marie	24. Was disease or injury in any way related to occupation of deceased?
100 7 16: 7/ bl e	(Signed) W. J. Frelier M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerasis	1915	Attack of epilepsy	1 week aga	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga	
SCHEAU T.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00815
1. PLACE OF DEATH	107 0
County July Muces	Registration Dist. No. 253
Village or City Ceful Ster	No. St., Ward
, , , , , , , , , , , , , , , , , , , ,	(If death occurred in a hospital or institution, give its NAME instead of street and number) os.)ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usyal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FEMALE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gorite the word) Fa. If married, widowed, or divorced HUSBAND of HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month: Days If LESS than 1 day,hr	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset Thoughies Precuence.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at this occupation (month and year)	Tibrinous Conschitus, terrainating early in bron-
12. BIRTHPLACE (city or town) Chester, Md. (State or county) 13. NAME Calter because from 14. BIRTHPLACE (city or town) Chester	Other Contributor Causes of Importance: or displosherie: Int Librinous bronehities
[State or country]	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Actulque Jersey 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mattey Crouch fr (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Sty Ensuif la Dato am 17", 193	Nature of rinjury
20. FILED CAN TS , 1935 - F. C. Thomas Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address) (Address) No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00816
1. PLACE OF DEATH	28
County Allen ann	Registration Dist. No. 2 52
Village or City Pruttelleurge	No. St. Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	0 - Just 1018 111 0.3.11 01 foreign birth:yrsmosas.
The state of the s	0
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
_ married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of 2homes Dean	22. I HEREBY CERTIFY. That I attended deceased from
Bulah May man	Mer. 1 1954 to Jan 25- 1935.
6. DATE OF BIRTH (month, day, and year) Euge. 9 190	(last saw h alive on last said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at,m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
	Thereman Lander
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Use Carlos (State or country)	0
3 3 3	
E 2010+T	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
IS. MAIDEN NAME ON A SKERKS	What test confirmed diagnosis?
16. BIRTHPLACE (city or town). There are	Accident, suicide, or homicide?
E (State or country) Turary Coul	Where did injury occur?
17. INFORMANT Colejale Deer Falle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Butter Services	
18. BURIAL, CREMATION, OR REMOVAL Place Selections Date for 29 19 3.	Manner of injury
0 5/1, 2 0 5	Nature of injury
19. UNDERTAKER Y MACHINE MACHINE (Address)	24. Was disease or injury in any way related to occupation of deceased?
1 at at TTTE GB. II	(Signed) M. D. M. D.
20. FILED Addiss: 31, 19.2 2 111 amus D. Astroph.	(Address) Lundon, ho.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
FEG 8 1999			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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U	U	8	1	6

1. PLACE OF DEATH		94-0	
County Luceur C	line	Registration Dist. No.	25%
Village or City Cruc Cy	r Hell	NDSt.,	Ward
Length of residence in city or town where	(II B death occurredyrs,mos	If death occurred in a horpital or institution, give its NAME instead of street are seconds. How long In U.S. If of foreign birth?	
2. FULL NAME anno	- Chhage	Downs	
(a) Residence: No.	us late this	R St. Ward.	
	(Usual place of abode)	If nonresident give city or town a	and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
JEMale White	5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 ⁵ (Year)
5a. If marriad, widowed, or divorced HUSBAND of	decense		
(or) WiFE of	Slouts a	22. Della HEREBY CERTIFY. Thet i ettend	n. ni
6. DATE OF BIRTH (month, day, end yeer)	to 61849	I lest saw h Le eiive on All 47 /9 /19 2	19. 19. 2 \ : death is seld
7. AGE Yeers Months	Deys If LESS then	to heve occurred on the dete steted above, atm.	,
85 4	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:	,
8. Trede, profession, or perticuler kind of work done, es SPINNER,	710110	A , I Papel '	Date of onset
SAWYER, BOOKKEEPER, etc.	7,	Allgena felleres	19/49
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Loue -	(
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month end	11. Total time (yeers) spent in this	·	
yeer)	occupetion	- Ar	19317
12. BIRTHPLACE (city or town)		Other Contributory Chases of importance	Deelo
(State or country)	g ruce		
13. NAME Stief	copyroge	A	
4 14. BIRTHPLACE (city or town)	9-0' A.J.	Neme of operation Dete of	
(State or country)	In weller	What test confirmed diegnosis	in eulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ea doglar	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following	ring:
O 16. BIRTHPLACE (city or town)	Daniel	Accident, suicide, or homicide?	Seco.
70 7	+ 60 41 · ·	Where did injury occur? (Specify city or town, county and S	State)
17. INFORMANT MACO MG (Address)	nguel offage	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC I	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	'10 O CO	Manner of injury All	
Piece Johns do Ni	Close Jan - 23,935	Neture of Injury U & CC	
19. UNDERTAKER Norm - He	Good.	24. Wes diseese or injury in eny wey releted to occupation of deceesed?	Ux
(Address) Church	Hell Hud,	If so, specify	
10. FILED Jan. 22, 19 3 5-71	. H. Good	(Signed) Seller A. Del	le 7 M.D.
	Resistrar.	(Address) Dellegal He on 1	11/1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 00818
Allen of Anne	9 6-1-1
County tilled stelled	Registration Dist. No. 27
Village or City // CCC / CI	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Collocal Hear)	apae -
(a) Residence: No. Med Hed	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lakes 5
Tomal Halle Seegle	(Month) (Oay) (Year)
5s. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(OI) WIFE OI SULPOLIC	Soloty was 10 Lacory 5 185
6. DATE OF BIRTH (month, day, and year) 934 Aog 18	I last saw h le alive on toughque, 1990; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
4. 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Quate of onsert
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Mouneal Menous 500g
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	090/
10. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) // p Caroline Co.	Other Contributery Causes of Importance
(State or country)	- / loaper duly min
13. NAME Alle Drapor	9 17
13. NAME ALLE ALLE ALLE ALLE ALLE ALLE ALLE A	Neme of operation
(State of connity)	What test confirmed diagnosis? Oll Wes there an autopsol
15. MAIDEN NAME 11. DOLBACO	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 00, 19
(State or country)	(Specify city or town county and State)
17. INFORMANT MULL NO VALUE	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Unel
Place Lawres karm Date Jan. 7, 1995	Manner of injury. U. R. L. C.
7k2. 1/ 4 N	10 X
19. UNDERTAKER POM (The Grand Charles) Change Charles Change Charles	24. Was disease or injury in any way releted to occupation of deceased?
1-121-51 01 9	(Signed) All Del & Beill M.D.
20. FILEO COLO (20, 19) VY. H. TOTA Registrar.	(Address) Clistle Bh At Clitted
If more blanks are needed address Seate Parish	No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

rincipal cause of death and related causes ortance were as follows: of epilepsy er by street car itis	1 week ago 1 week ago 3 days ago
er by street car	1 week ago
itis	3 days ago
contributory causes of importance:	
nteritis	1 year
	contributory causes of importance:

should state

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Queen Anne's	Registration Dist. No. 253
Village or City Atenensullo	
	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James W	rdhand
(a) Residence: No. Aterusville	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH ALL STATES
male While surgle	(Month) (Day) (Fear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	224 1 14 L HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Simple 101	221 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. CUR affive on Jacup 2 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 M m.
74 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carle Mount & Brosse
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spart in this occupation)	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Clear State or country)	Atos
11.00.	wie wo geterans
13. NAME Villiam B. Dogliand	
(State or country)	Name of operation
15. MAIDEN NAME Anak Minchester	What test confirmed diagnosis? Was there an autopsy?
W. L. J.	23. If death was due to external causes (VIOLENCE) filt In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
81:1. C C V 10	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Devensorfle Date au 5, 1955	Nature of Injury
Busk le. The	24. Was disease or injury in any way related to occupation of decease4?
19. UNDERTAKER (LUCY) A CHORISTON (Appless) (LUCY) A CHORISTON (LUCY)	If so, specify
aus" is Forther	(Signed) 606 Co My M. D.
20. FILED TO 3 1 , 195 J To Cal Registrar.	(Address) Alexentrale

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may he returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERTII	FICATE	OF	DEATH
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1. PLACE OF DEATH	(12)
County Lucen Unne	Registration Dist. No. 252
Village or City Centreville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
() 11 M	
2. FULL NAME John M. Hollan	
(a) Residence: No. / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) Market American	21. DATE OF DEATH Jank. 2/- 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEBEBY CERTIFY, That I attended deceased from
(or) WIFE of Mary C. Vowell	lan, 1935 10 cm. 21 1935
6. DATE OF BIRTH (month, day, and year) Feb 6-1876	I lost saw h le alive on for 2/ 1923; death is said
7. AGE Years Months Days If LESS than	to leve occurred on the date stated above, at
58 11 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, Menuster SAWYER, BOOKKEEPER, etc.	Utale Welsterer 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MtLL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
SAW MILL, BANK, etc	We heard
this occupation (month end year) — 4.2.1. Spent in this 30 44	ν
Today occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Vellet also full f	Vocal a Cal
	11) 6 NOX
13. NAME IN F. Holland 14. BIRTHPLACE (city or town) West Piper	Neme of operation Date of
(State or country)	What test confirmed diagnosis?
E 15. MAIDEN NAME Sarah Watkins	23. If death was due to externat causes (VIOLENCE) fill in atso the following:
16. BIRTHPLACE (city or town) Baltinose	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mary 6. Holland.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Telle ale surg Date Jan. 25-, 1935	Nature of injury
19. UNDERTAKER B. P. Fellow (Address) St. Pl. Fellow	24. Was disease or Injury in any way related to occupation of deceased? ho
20. FILED Jan 22, 1935 Maria & Bright Local Registrar.	(Signed) (M. D. (Address) (Address)
78-04	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was donc.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

uo

very

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00822
County Queen aune	Registration Dist. Np. 252
2 0	
Village or City No Cultaville	NDSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stilleau a. me Cly	ment
(a) Residence: No. Contraviale R7W.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Name of the color of the co	21. DATE OF DEATH Jan 18 1935 (Month) (Day) (Year)
5e. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Eather Capel The Clement	22. JAHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 20-1864	I last saw h elive on Ja- 18 1935; death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, et 3. P. m.
70 1 29 1 dey,hr	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
Trade profession or perticular	Date of enset
kind of work done, as SPINNER, Farmer	Cerebral Hemoraliage 1/16:3.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, Pielery the Soil SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	+ hobor Purmonia 1/12.3.
1D. Date deceased lest worked at this occupetion (month and spent in this	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) No Centreville	Diher Contributory Canses of Importance:
(Stete or country) Julean Com Co	
13. NAME Janes N. Mr. Change	<u> </u>
T 2. C. thousand	
44. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	Whet test confirmed diagnosis? Was there en autopsy?
I IS. MAIDEN NAME	23. If death wes due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Martha a Deconsquel 16. BIRTHPLACE (city or town) (State or country) Delaware	Accident, suicide, or homicide?
- (State of county)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs ll. q. The Olyneet	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Centrever me RED N 18. BURIAL, CREMATION, DR REMOVAL	
Place Curtreville Det Jaw 20 10 38	Manner of injury
Dete 19	Neture of injury
19. UNDERTAKER / Parton 2 rus	24. Wes disease or injury in any way related to occupetion of deceased?
(Address) Centreville - me	If so, specify
20. FILED Jan 20, 1935 Illamin & Bright.	(Signed) Cautiefille Ind.
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	16	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 5 1035			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	0004
County Queen anne	Registration Dist. No. 252
Village or City Centrevele	No. St Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4 Gyrs	
2. FULL NAME Jake Thomas Meres	Lith
(a) Residence: No. / Scharler Ove	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs John 2. Meredieh	22. I HEREBY CERTIFY, That I attended deceased from 12 - 9 19 35
6. DATE OF BIRTH (month, day, and year) Sept 7-1851	I last saw h lass alive on lass, 11 19.33 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state above, at F. L. m.
83 4 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BDDKKEEPER, etc.	The due to bonign propratie
IN Industry or business in which work was done, as SILK MILL, Dielicy the Soel SAW MILL, BANK, etc.	Inlargement cura
kind of work done, as SPINNER, Farmer SAWYER, BDDKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, Jieley the Saw MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and year) year) 11 Total time (years) spent in this occupation (socupation)	V *, op,
Stan	Other Coutributory Causes of Importance:
(State or country) Access Course Commen	Relinia- Deluna
# 13. NAME John 2. meresith	
E / Que Co	Name of operation
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Frances Patts	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Justin and to	Accident, suicide, or homicide? Date of injury19
E (State or country)	Where did injury occur?
17. INFORMANT Mrs John 2. Murdelle (Address) Centreview me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Centreville Date Jaw 14, 1935	Nature of injury
19. UNDERTAKER Parton Bra	24. Was disease or injury in any way related to occupation of deceased? . Wo
(Address) Carolada III	If so, specify (Signed) A Market M. D
20. FILED Jan. 14, 1935 Manue & Bocal Resistrar.	(Address) Culumba Md
If more blanks are needed, address State Registrar.	2411 N Charles Street Baltimore Requesting 7) S No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
paramatt V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	I			

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1/2	10	0	63	٠.		
- 11	0	A	1		1	
-32	17		Ser	8	9	

1. PLACE OF DEATH		(108)
county July	any	Registration Dist. No. 25T
Village or City	eustown	NoSt.,Ward
Length of residence in city or town w	there death occurred 55rs. ?	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME AT	creetta Mu	telull (+1)
(a) Residence: No.	(Usual place of abode)	St., Ware. The nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	rd) [au 19 ,193 S
5a. If married, widowed, or divorced	Simound	(Month) (Day) (Year)
HUSBAND of (or) WIFE of / fare	and Mitchel	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Feb. 14 1879 1880	1 Just saw h 2 alive on / left / 8 193 ; death is sale
7. AGE Years Month		
-55 11	5 I day,	were as follows:
8. Trade, profession, or particular	4	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	· Nouse wye	John Primmer 14/3
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	V	
10. Date deceased last worked at	11. Total time (years) spent in this 2	
this occupation (month and year)	c-1134 spant in this occupation 3	
12. BfRTHPLACE (city or town) (State or country)	mulaut	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town)	/ Caleman	
14. BIRTHPLACE scity or town)		Name of operation Date of
(State of country)	any laup	What test confirmed diagnosis? Was there an autopsy?h
15. MAIDEN NAME / an	plune sleme	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	7 7	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Maryland	Where did injury occur?
17. INFORMANT (Address)	a Shitche	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 pmd. L	Manner of injury
Place Place	Date Jack 19	30 Nature of injury
19. UNDERTAKER AUTON (Addiess)	gras - ma	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jan. 19, 1935.	Helen M. ald	idge (Signed) Camery / Med M. D
16		gistrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00826
1. PLACE OF DEATH	
County Julen Chune	(92-c) Registration Dist. No. 2,52
Village or City Cluterville	NoSt Ward
Length of residence In city or town where daath occurred 69 yrs 8 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Morris Smith	mosas.
(a) Residence: No. Cluterville 71111	
(Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
may lowed married	tamany (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of Farmie Willes Sunth	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Way - 1865	, 13-7
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 m., 19 m.
69 8 Junken 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or making	The heten twee dead Date of onset
Na Irade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	when and a cold
9. Industry or business in which work was done, as SILK MILL, Street Cleaning SAW MILL, BANK, etc.	from doorval, had not
	treated him before.
O 10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation 3.	suchect that the
1 Co + 11 24.	Other Contributory Canada of Importanca;
12. BIRTHPLACE (city or town) Challer (State or country)	cause of death was arregarde
13. NAME John Smith	complicated by mutual disease
14. BIRTHPLACE (city or town) Justin aune Cty.	Raphe of operation beart. Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Charlotte Sunth	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Justen anne Chy.	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?, 19
17. INFORMANT Wife	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Conterville, Uld.	
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place	Nature of injury
19. UNDERTAKER BIN- Jellows	24. Was diseasa or Injury In any way related to occupation of deceased?
(Address) Still Your Md	If so, specify
20. FILED Jan 26, 1935 Maris & Bright	(Signed) family T. Henry M. D.
Registrar.	(Apdress) Unlersally, Will.
as more planks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V, E.	j j		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		
patient. He was dead upon my arrival.	as	a
patient. He was dead when my arrival.		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	828
County Queen anne	Registration Dist. No. 253
Village or City near Crumpton	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsds.
2. FULL NAME Elin Luth Walle St	wart
(a) Residence: No. Out side Crumpton	St Ward.
(Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SHICLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wire the word)	21. DATE OF DEATH Au 31 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	V · · · · · · · · · · · · · · · · · · ·
Car WIFE of Henry Sleward-	22. I HEREBY CERTIFY, That I attended deceased from 1934, to 1935
6. DATE OF BIRTH (month, day, end year) July 30-1847	I last saw h 12 alive on 1 and 3/ 1933; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3.302 m.
87 6/1/2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	
Note the second last worked at this occupation (month end) 10. Date deceased last worked at this occupation (month end) 10. Date deceased last worked at this occupation (month end) 11. Date deceased last worked at this occupation (month end)	Carries J'ailine
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) Lucium Communication (City or country)	Limited & Progressing
(State or country) 2 13. NAME 13. NAME 14. Chelly	Paray six agritums
13. NAME 14. BIRTHPLACE (city or town) Queen Company (State or country)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Such Lewerd	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Such Several 16. BIRTHPLACE (city or town) Sugar and Co-	Accident, suicide, or homicide?, 19, 19, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dudlusuidle Date Fell 3 , 1935	Nature of injury
19. UNDERTAKER Went It. Good	24. Was disease or injury in any way related to occupation of deceased?
(Address) Church hill ma	If so, specify
20. FILED Tiele 1, 19 33 FT Mellelly Registrar	(Signed) (Address) (Address) (Address)

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7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -			10		
Other contributory causes of importance:		Other contributory causes of importance:	;		
Gallstones	May 1,1923	Gastroenteritis	1 year		
			- 427		

V. S. No. 1 N. B.—V

STATE	OF	MARYL	AND-	CERTI	FICAT	TF.	OF	DEATH	
SIAIL	OF	MAKIL	AIND	CLKII	IICA		OI	DEAL	

0	0	O	2	6	
U	V	0	24	0	

1. PLACE OF DEATH		(82:0)	
County Queen aures		Registration Dist. No. 253	
Village or City Mevens	ville	No	St.,Ward
Length of residence in city or town where de		death occurred in a hospital or institution, give its NAME instead of a death occurred in U.S. if of foreign birth?yrs.	
2. FULL NAME Natur	Dudley		
(a) Residence: No.		St Ward.	
	(Usual place of abode)	If nonresident give city o	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF D	EATH
Female Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or envorced HUSBAND of (or) WIFE of	Ludler	22. I HEREBY CERTIFY That	l attendad deceasad from
6. DATE OF BIRTH (month, day, and year) Ma	W2: 1862	Mast law h. J. J. alive on Sauf 3	, 19 BS; death is said
7. AGE Yeers Months	Days If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, 12m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance as follows:	
8. Trade, profassion, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ouse Wife	abordelis	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	·		
this occupation (month and year)	11. Total time (yaars) spant In this occupation		
12. BIRTHPLACE (city or town) / Cerul & (State or Country)	Island	Other Contributory Causes of Importance:	
	son		
14. BIRTHPLACE (city or town) Cent	goland	Nama of oparation	Dete of
(State of country)	grea	What test confirmed diagnosis? We	
15. MAIDEN NAME ALCY (State or county)	ut sland	23. If daath was due to extarnal causes (VIOLENCE) fill in also the Accident, suicide, or homicida? Date of Injumbere did injury occur?	ury, 19
17. INFORMANT CAUCHES (Address)	Toleon Mis	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Lear Allerensigle	Date Jan 6 1,1035	Manner of injury	
19. UNDERTAKER FRAUK Gy J	hornas/ ensuelle ma	24. Was diseasa or injury in any way related to occupation of de	
20. FILED au J. 1955 7.	C. Dhomas Local Registrar.	(Signad) (Andress) II Well	ovel .

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			7/== (4)
Other contributory causes of importance:		Other contributory causes of importance:	- 1031
Gallstones	May 1,1923	Gastroenteritis	1 year
No.			

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(I-a)	
County Luces (June)	Registration Dist. No. 2.	3
Village or City_Cellster	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and r sds. How long in U.S. if of foreign birth?yrsme	
2. FULL NAME Edward Faylor		
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Undle Olored brudery	21. DATE OF DEATH You 13	, 193 (Year)
5a. If married, widowed, or divorced Hester green		
HUSBAND of Cory WIFE of Wallows	22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	1.56	: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.	,
6564 - 1 - 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8 Trade, profession, or perticular kind of work done, as SPINNER, Oysler Shuck SAWYER, BOOKKEPER, etc.	1	
SAWYER, BOOKKEEPER, etc.	Mumomo	Comment
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and	20 000	000
11. Total time (years) this occupation (month and spent in this occupation occupation)		17.52.10
Olivates	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State on country)	0.15	You 2
	- My well -	yau 2
Charles		J
14. BIRTAPLACE (city or town)	Neme of operation Dete of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME HESTEN Green	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME TESTEN SELEN 16. BIRTHPLACE (city or town) Chester	Accident, suicide, or homicide?	-
(State or country) Mid.	Where did injury occur?	
17. INFORMANT Scharfes Watting	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) ACE.
18. BURIAL CREMATION, OF REMOVAL	Manner of Injury	
Plece Llux Gueller, Date Xuu / 2, 195 \$	Nature of injury	
19. UNDERTAKER T.C. Chomas	24. Was disease or injury in any way related to occupation of deceased?	
(Adoress) Devansville U	Id If so, specify	
20. FILED JOW 13, 1935 F. C. Thomas	(Signed) (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(State or country)

plain

OF DEATH

CAUSE LION

13, NAME FAT 14. BIRTHPLACE (city or town) ... (State or country)

15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Neture of injury

Where did injury occur?____

What test confirmed diegnosis?

Name of operation_____

23. If death wes due to external causes (VIDL ENCE) fill in elso the following:

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Accident, suicide, or homicide?______ Date of injury______, 19_____

24. Was diseese or injury in If so, specify

(Signed)

----- Wes there en eutopsy

(Specify city or town, county and State)

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